



# AZ Medicaid Outpatient Workgroup Meeting

May 3, 2005, 2:00 p.m. – 3:00 p.m.

AHCCCS 701 E. Jefferson St. – 3<sup>rd</sup> Floor - Gold Room

**Meeting Hosted By:** Lori Petre, AHCCCS

**Attendees:**

*(Based on sign-in sheets)*

**ADHS**

*Demiter Pekin*

**AHCCCS**

*Celeste Barclay*

*Cynthia Barker*

*Barbara Butler*

*Dora Lambert*

*Cia Fruitman*

*Mark Renkel*

*Mike Upchurch*

*Dennis Koch*

*Nancy Upchurch*

*Tracy Thomas (teleconfer)*

**APIPA**

*Alexia Cathers (teleconfer)*

*Sharon Zamora*

**CMDP**

*Paula Cook*

*Vikki Duarte*

**Care 1st**

*Marlene Peek (teleconfer)*

**Cochise**

*Marcia Goerdt (teleconfer)*

*Susan Speiche r (teleconfer)*

**DES**

*Pat Fizer*

**MCP & Schaller**

*Colleen Gurule*

*Cathy Jackson-Smith*

**John C Lincoln**

*Patrick McNamara*

**Maricopa**

*Dave Abraham (Teleconfer)*

*GA covering for  
Linda Adams*

**PIMA Health System**

*Mark Hart (teleconfer)*

*Marcia LeBlanc*

**PINAL County**

*Grace Palmer*

**Phoenix Health Plan**

*Greg Lucas (teleconfer)*

*JoAnn Ward*

**Scottsdale Healthcare**

*Scott Gilbert*

**United Health Care**

*Jack Holstrom (teleconfer)*

*Ramana Tunuguntla*

**University Family Care**

*Eric Nichols*

*Kathy Steiner (teleconfer)*

*Jean Warner*

**Yavapai County**

*Becky Ducharme  
(teleconfer)*

*Jean Willis (teleconfer)*

**1. Welcome (Lori Petre)**

The minutes of the last meeting will be forwarded to you by the end of the day. If there are corrections, clarifications or questions concerning the minutes, please let us know.

**2. Current AHCCCS Status/Timeline (Lori Petre)**

Directly behind the agenda is the current Implementation Timeline and Milestones that AHCCCS is operating under. At the bottom of the first page you'll see today's 5/3 meeting. The next meeting is scheduled for June 7, 2005. At this time, we're only looking at scheduling through July and August. If we find we'll need an extension beyond that, we will schedule as needed. On the second page, we're now working on all the testing listed. We'll discuss the Control Group and Pilot Testing in more detail a little later. It is May, so we are scheduled at the end of the month to implement the AHCCCS provider and reference changes. When you receive your regular reference and provider extract in June it will include the new table. We will be meeting internally to verify that all tables have been QC'd and include all the values. The remaining components will be implemented by 7/1.

Behind the milestones is the calendar. You will see that the next status report is due May 13<sup>th</sup>. If you did not supply the last status report, please do so. These status reports are getting to be very

important, especially as we head into the last six weeks of what we're doing here in order to track what everybody's doing. Looking into June we have noted on the 15<sup>th</sup> the end of official testing. In your individual meetings, we discussed that we really don't want to wait until the fifteenth to decide whether you will be ready to implement for 7/1. We want to start making that business decision around June 1. There will be a final round of brief individual status meetings the first few weeks of June. This will be the last project checkpoint for most of you. The status report will continue until July 8, and if for whatever reason your Healthplan is not implemented at that point we do ask you to continue to submit the status reports until the implementation occurs.

### **3. Documentation Status and Fee Schedule Status (Lori Petre)**

I included the cover sheet of an email that went out with a draft of the revisions to two of the chapters of the Fee For Service Provider Manual. These are the chapters that you will probably be most concerned about. There is a third chapter on the AHCCCS Fee for Service Remittance Advice that is still being revised. As soon as we receive final design specifications from the AHCCCS technical team, we will update that chapter also and distribute it for review and comment. We ask that we receive all comments on this document as specified in the email by COB May 17th.

In addition to that, we are still preparing the Helpful Hints worksheet. We hope to have that completed and ready for distribution in the next week or two. This will include problems we noticed, and questions that you brought up during Pilot testing that you've seen your providers doing or not doing. We hope to compile those in a Helpful Hints sheet and send them out to all the hospitals, in addition to the revised chapters for the Provider Manual.

Sara Harper indicated that the final fee schedule should be available no later than mid-May. They have been completing some final evaluations and analysis in response to comments from the hospitals. As soon as the final fee schedule is available, we will let you know and distribute the new version via the test FTP reference extract. The final fee schedule should only impact the one table with the Outpatient Fees on it.

### **4. Change Tracking Review and Discussion (Lori Petre)**

There is not a lot to go over this time. We still have Change Request 05 open, the Bundled Service Exception table. This should be available in test by Friday. At that time we will get all the values loaded, and get an up to date reference extract out to you. Primarily the codes going to be things like lab and radiology, which are not usually bundled. .

#### **ACTION ITEM**

Email HPs where to find the reference tables specified above.

Mike Upchurch – We'll email that to everyone so they will know.

Lori Petre – The other open Change Request has to do with modifications to the Fee for Service remittance advice. We have also spoken to each of the Health Plans to find out where you thought your remittance advice was in respect to the providers' expectations.

Just a reminder as there have again been a few questions regarding RF618: Overall the inclusion of RF618 in your monthly reference extract is out of the scope of this project. Brent will possibly be looking at for other reasons related to Encounters in the future. At this time the only value you need on RF618 in relation to this project is the default CCR for O/P, .2957, effective 7/1/2005.

Just a reminder that the Encounter unit is still evaluating encounter data reporting requirements and changes to edit status. They will be communicating any changes in emails, Encounter Keys, etc... We have included a couple emails from Deborah Burrell that have been sent recently regarding this type of item. These emails have good information in them and if you are not getting them please follow-up with the Encounter unit as necessary.

Also note there has been an adjustment to the Facility Peer Groups. University Physicians Hospital – Kino has been reassigned to the same Peer Group as Maricopa.

**5. Update on Hospital Efforts and Pilot Testing – (Lori Petre)**

We are continuing to identify small things in our internal testing. For the most part, we've been able to address about 70% of those by correcting table values. All in all, the testing has been pretty clean.

We are continuing the Pilot Testing with the Pilot Test Facilities. We haven't had any additional hospitals asking us to run tests for them. We've talked in your individual meetings about the necessity for you to initiate testing with your key hospitals as applicable.

We did receive one Health plan's Control Group Scenarios, and I've been through them, and will be getting that plan some feedback. Overall I was pleased with the results. We are ready to accept your control group claims as soon as you are prepared to send them either in whole or part. We've also AHCCCS ISD's run of these Control Group scenarios and are working with them on their results.

HP – When will you have the other examples?

Lori Petre – We are working on additional Control Group scenarios. We hope to release those in the next couple weeks Overall this should bring the number of Control Group scenarios to around 250 total.

**6. Update on MCO Status Reporting and Individual Status Meetings (Lori Petre)**

We are completing our second round of individual Status meetings. It's been good. There will be a final set of those in June, where we hope to determine how everyone is doing and where to go from there.

**7. Other (Lori Petre)**

At the back of the package, Kari and I discussed some of the concerns we were hearing in your individual status meetings regarding the expected logic for some of the control groups claims. In response to this we've taken the initial 10 examples and added the answers. This is based upon the fee schedule that was published in February, so you all should have the same data available to you. We cannot give you the answers to all of the scenarios at this time, as we want you to develop the answers for assessment. But you can ask us whether the answer you have come up with is right, and we can let you know whether it is correct if you like.

HP – What happens on encounters where the paid amount doesn't match the allowed amount?

Lori Petre – Please review your current Encounter manual and encounter reporting requirements. The allowed on your side and our allowed (valuation of the submitted encounter) are different items: we expect that we may value it differently. We don't edit it as to whether our answer is different from yours. It may be different, but it may be due to different contracts, etc... that you've indicated on the submitted encounter. We value them according to our process; we don't generally pend for any differences.

HP – So we need to identify if we paid per case or by contract.

Lori Petre – Yes.

HP – Do you know how the proc code ranges will be loaded onto PR050?

Lori Petre – When the codes are loaded into prod, the associated HCPCS codes will be loaded alpha to alpha and numeric to numeric.

HP – What about the 05 codes listed here for Outpatient services only?

Lori Petre – We have verified that there are currently no 05 coverage codes populated. This value was established as a future need. Coverage code 05 will only be utilized when a procedure code is only covered for Outpatient and is not covered on a 1500.

HP – Is bill type 135 an Outpatient type?

Lori Petre – Yes, 135 is an Outpatient late charge bill and should be disallowed. Generally any bill type that ends in 5 is a late charge.

HP – If we find a code that is not on the CCI table, does that mean the code is ok.

Lori Petre – That means the code is neither a component nor a primary procedure under CCI.

**8. Next Meeting (Lori Petre)**

Next meeting will be June 7 at 3 p.m.